

REC'D MAR 9 1939

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

5595
 Do not use this space.

1. PLACE OF DEATH

(a) County Jackson Registration District No. 399
 (b) Township New Primary Registration District No. 10.02 Registered No. 794
 (c) City Jackson City (d) Street No. Conley Clinical Hospital St.
 (If death occurred in hospital or institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred yrs. mos. ds. (f) How long in U. S., if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

Mrs. Lorraine M. Huson
 (a) Residence, No. 207 N 15th St. (If nonresident, give city or town and State)
 (Usual place of abode, if no street address, write county or city)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX Female 4. COLOR OR RACE white 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Married

6. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF Orville M. Huson

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) Dec. 27, 1917

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
21 1 26

OCCUPATION 8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc. Housewife
 9. Industry or business in which work was done, as saw mill, bank, etc.
 10. Date deceased last worked at this occupation (month and year)
 11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Cognal Bluff Iowa

FATHER 13. NAME Rex E. Mellis

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) unknown

MOTHER 15. MAIDEN NAME Vera E. Lang

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) Atlantic Iowa

17. INFORMANT (ADDRESS) Orville M. Huson
207 N 17th

18. BURIAL, CREMATION, OR REMOVAL PLACE Atlantic Iowa DATE Feb. 24 1939

19. FUNERAL DIRECTOR (NAME) (ADDRESS) A. N. Newcomer's Sons
5 Rush Creek + P. O. 20.

20. FILED 25 1939 M. M. Crowe
 Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Feb. 23, 1939

22. I HEREBY CERTIFY, That I attended deceased from Jan 1, 1939, to 2-22, 1939
 I last saw her alive on 2-22, 1939. Death is said to have occurred on the date stated above, at 6:35 A.

The principal cause of death and related causes of importance were as follows:

acute uremia
abscess (pelvic)
following abortion
on Jan 26 - 39
(accidental abortion)

Other contributory causes of importance:
Chronic salpingitis
R. ovarian cyst.

Name of operation Salpingectomy and oophorectomy Date of 2-20-39
 What test confirmed diagnosis? negative Was there an autopsy? no.

23. If death was due to external causes (violence), fill in also the following:
 Accident, suicide, or homicide? _____ Date of injury _____, 19____

Where did injury occur? _____ (Specify city or town, county, and State)
 Specify whether injury occurred in industry, in home, or in public place.

Manner of injury _____
 Nature of injury _____

24. Was disease or injury in any way related to occupation of deceased? no
 If so, specify _____

(Signed) Margaret Jones M. D.

(Address) 3620 T. Rowland

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

....., or by

Registered Apprentice No....., working under my personal supervision.

Signed *George M. Collier*

Licensed Embalmer No. *3839*

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.